175+ Years of Cancer | The Big Picture the Establishment Doesn't Want You to See

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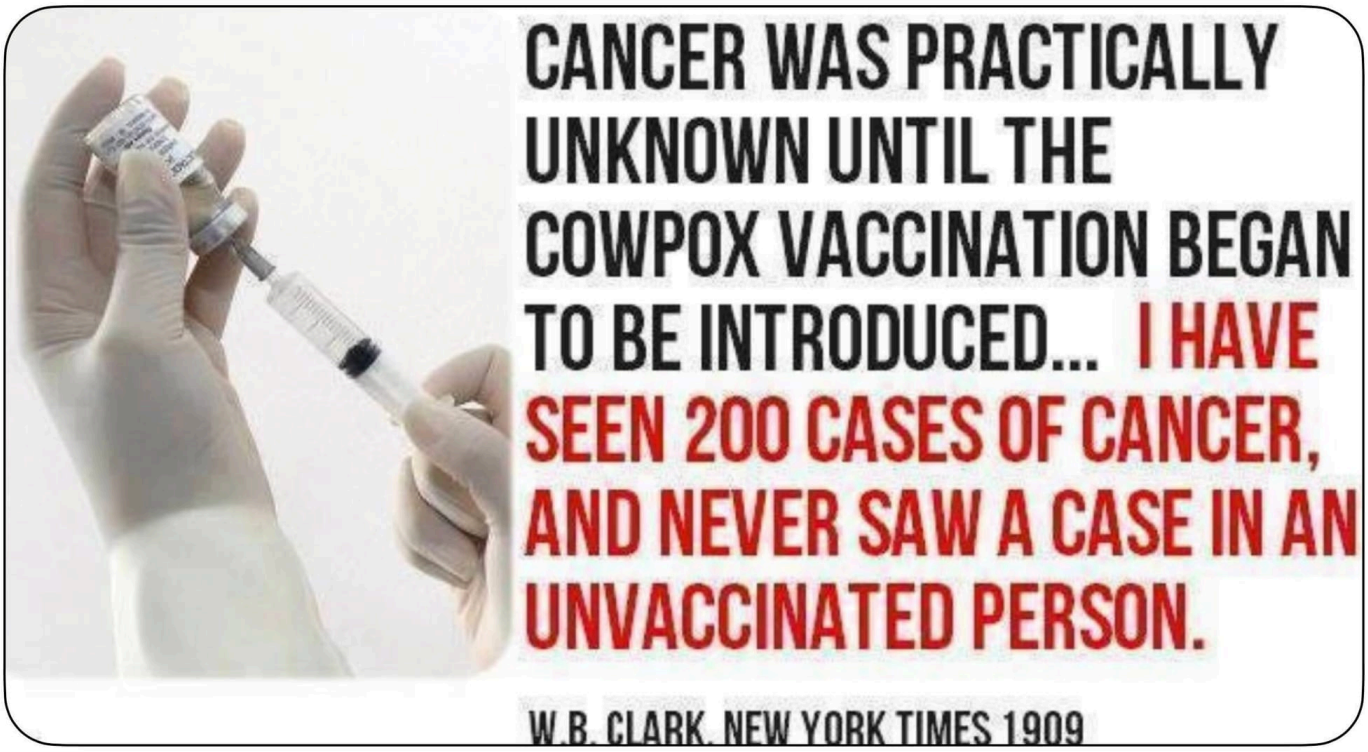

CANCER WAS PRACTICALLY UNKNOWN UNTIL THE COWPOX VACCINATION BEGAN TO BE INTRODUCED... I HAVE SEEN 200 CASES OF CANCER, AND NEVER SAW A CASE IN AN UNVACCINATED PERSON.
W.B. CLARK. NEW YORK TIMES 1909

NeedToKnow.news | Dr. Andy Kaufman

Sasha Latypova | substack.com/@sashalatypova

I am going to publish series of articles with in depth research about vaccinations (more generally, injections of various “biologics”) as the primary and the most important

driver of cancer burden on society.

Let's start with the premise that the purpose of a system is what it does. This article is a review of what the system of modern science, medicine and public health has done "fighting cancer" over the past 175+ years of the so-called "scientific medical progress". We shall quickly realize the system wasn't so much fighting cancer, but rather creating MORE cancer as a vast business opportunity on which to feed itself.

In this post I am going to quote a very extensive (800+ pages) actuarial report, widely considered the single most influential cancer text published in the United States in the early twentieth century, the Hoffman Prudential Report from 1915. [link not working] Data like these are gold, and I suspect are being scrubbed off the internet as we speak. Those who do not learn from history are bound to repeat it. Those who do not learn from the history of medicine are bound to experience premature death from cancer or some other "ancient and baffling scrouge of humanity" that turns out to be very recent and iatrogenic, i.e., induced by the establishment medicine in the last century or so in the first place.

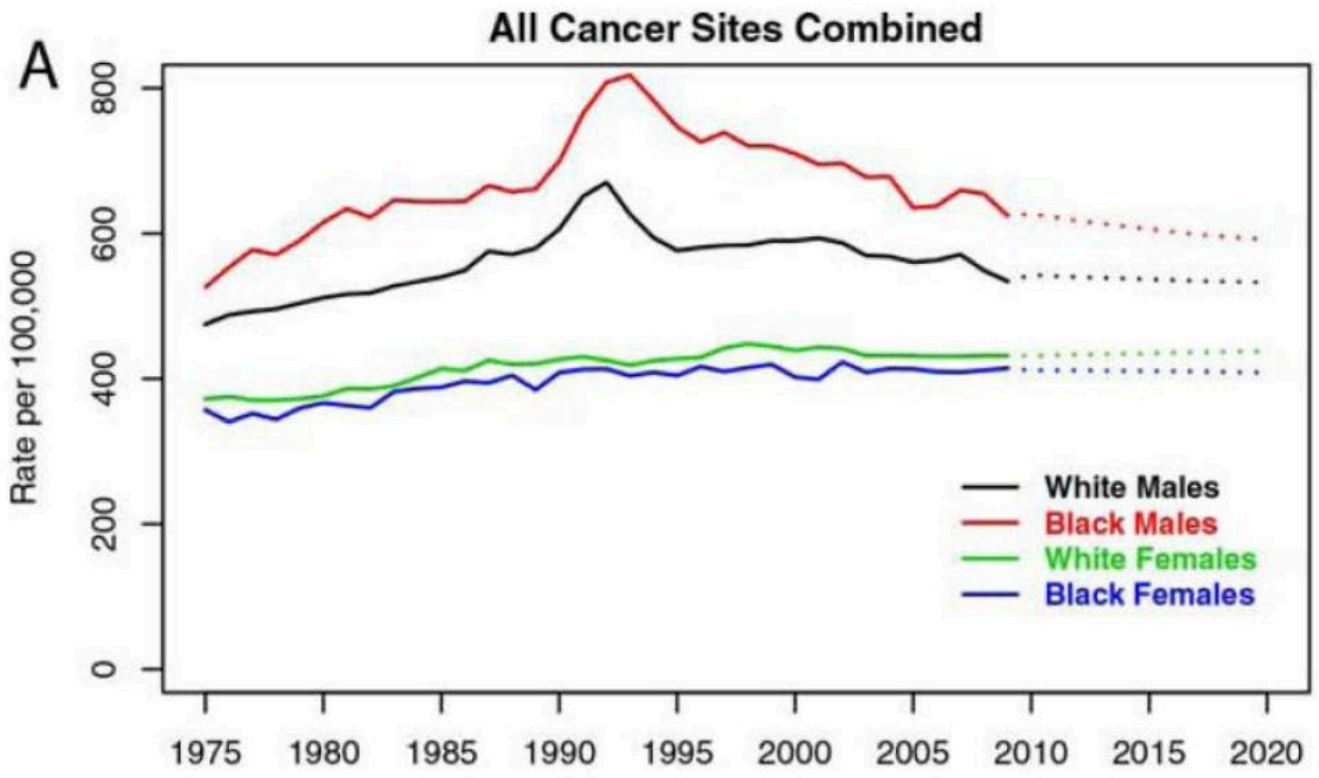
The Hoffman Prudential report makes an unimpeachable case that the steadily increasing rates of cancer in the US and many other countries are "real" and cannot be explained away by the commonly used socioeconomic or demographic adjustments. The authors clearly demonstrated that this increase was not due to aging population, not because of improved diagnostics, not attributed to occupational hazards and exposure to toxic materials, not because of "racial disparities" (or lack thereof, as the system will use in whichever version is more convenient), and not because of lacking access to care, but rather in strong correlation to its roll-out. Curiously, while discussing an exhaustive list of demographic variables, ethnic/racial differences, and numerous theories of cancer causation, the Hoffman Report does not mention the word "vaccine" even once. This curious omission, and sticking to "anything but vaccines" narrative speaks louder than anything else.

I will address the various theories of cancer causation in future articles, this one is already long. You know my working theory - "it's the vaccines, stupid! (ITVS!)"

This post is not about me saying ITVS! again, but for you to examine the historic data and see for yourself that none of the commonly attributed environmental or

demographic causes can explain the terrifying onslaught of cancer on society during the past century and a half. I am currently compiling information on vaccination policies and coverage in 1800-early 1900s and, unlike what you may think (i.e. "barely anyone was vaccinated before 1960s"), universal vaccination and high coverage was already wide spread in the Western world by late 1800s. Keep that in mind while reading this post.

To assess the historical rates of cancer per 100K population, first, let's look at the past 50 years. Here are the cancer trends in the United States, post 1975, using data from the CDC Seer database:

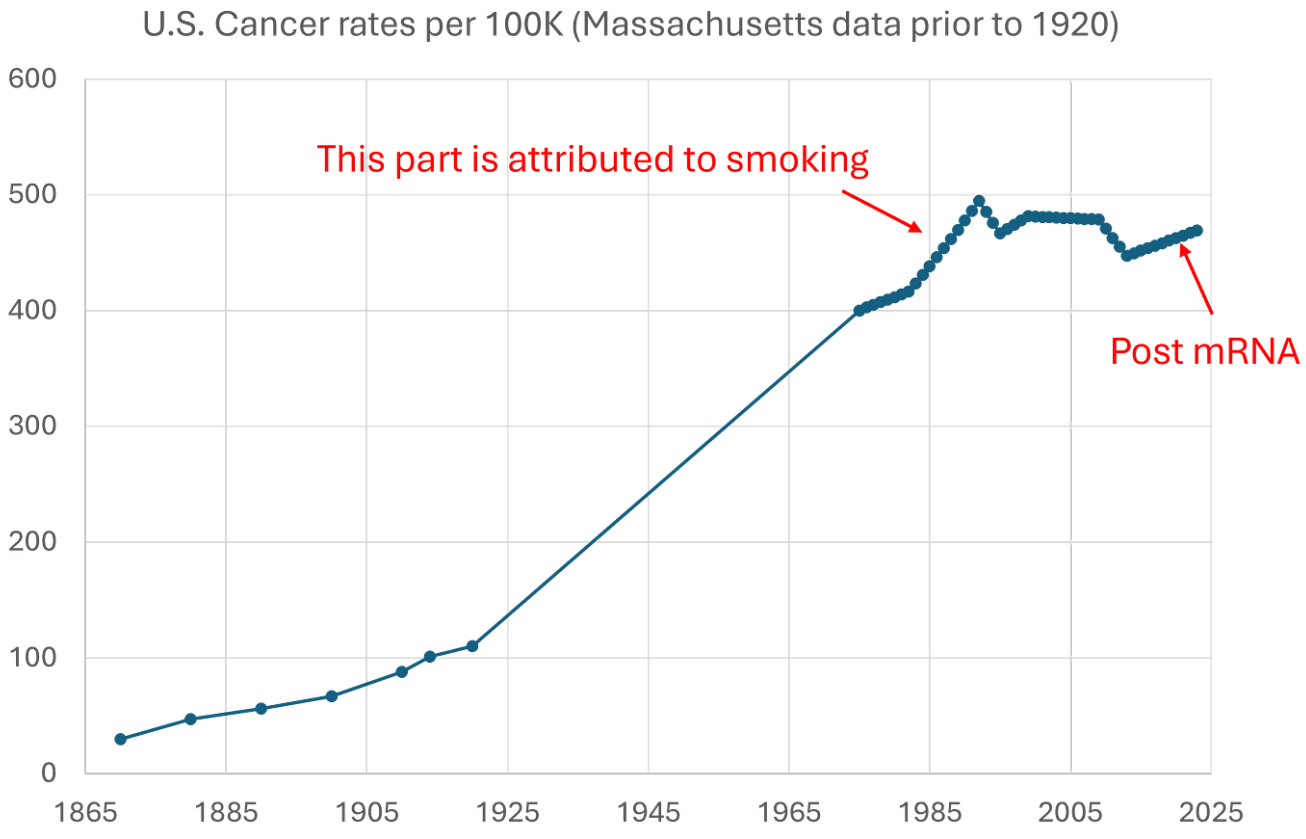


From this graph, it is evident that since 1975, cancer is predominantly male, and predominantly black male. The major increase in the cancers in men of both races which peaked in the 1990s is commonly attributed to smoking. The "smoking" bump is entirely driven by cancers in men, while women seem largely unaffected. This is strange, since there was a fairly large % of smokers among women around the same time, but no "bump" appears in the female charts. More about that issue in future articles. Also note a very strange clear racial difference between black and white men, and practically no difference between black and white women, albeit, the rates in white

women appear slightly worse. These differences are bizarre! How come, an allegedly "ancient scrouge" of humanity is so curiously selective and capricious by gender and race?

These curiosities aside, the data since 1975 gives a perception that cancer has always been a major malady occurring at a pretty constant rate, and that smoking is a bad, risky behavior, which makes one's chances of getting cancer substantially worse. While smoking is consistently claimed a major risk factor for cancer, the establishment is in no hurry to explain a rather "baffling" long term trends of consistent increase in cancers at younger and younger age groups and in children, who do not smoke, nor are exposed to smoke.

Let's look at the older cancer statistics, prior to 1975. The Hoffman report provides many datasets for U.S., Europe and some states separately. I used Massachusetts data as it is one of the first settled and populous states with major obsessions with "public health", "modern medicine" and (purely coincidentally!) witchcraft, too. Combining Mass data before 1920 with CDC data after 1975, gives this jaw dropping picture:



Sources: CDC Seer registry post 1975; Massachusetts state registry 1870-1920

Stunning, isn't it?

After compiling this information, there is very little doubt in my mind that cancer is not a naturally occurring human illness. It is a manufactured, induced illness, and its weaponization was the military-state goal before more elaborate tales of the invisible weaponized flying viruses were even invented!

1915 Mortality, Statistics, and the Rise of Cancer

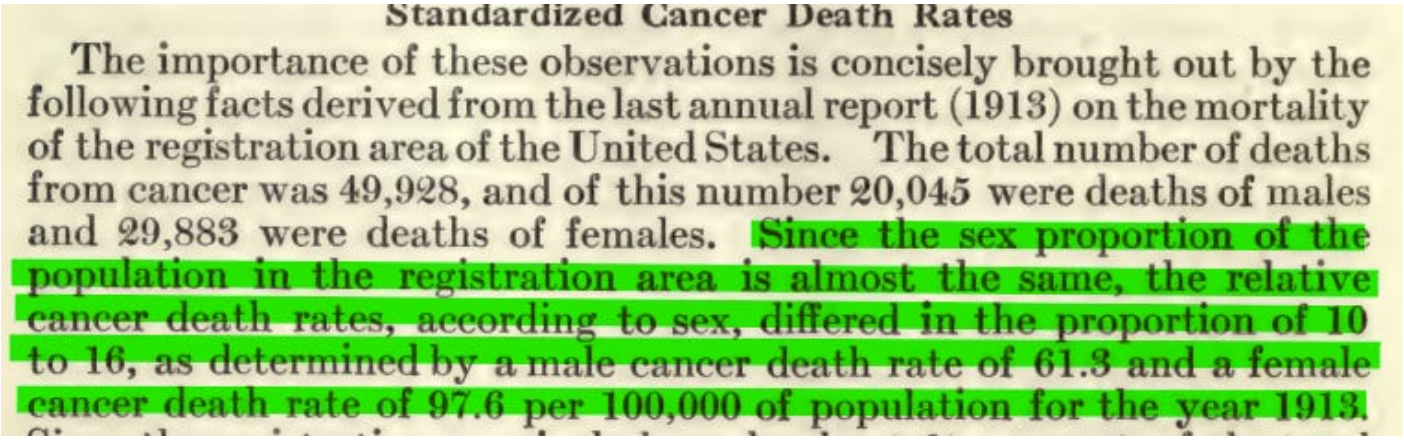
Frederick L. Hoffman, statistician at the Prudential Insurance Company of Newark, published The Mortality from Cancer Throughout the World in 1915, a 826-page volume drawing on death-registration data from more than thirty countries. Hoffman concluded that cancer mortality in the registration areas of the United States and Western Europe had been rising at roughly 1%-2% per annum for at least two decades **and that the rise could not be explained away by improvements in diagnosis, or any typical demographic or socioeconomic adjustments.**

Hoffman's findings rested on data that the U.S. federal government had only recently begun to collect. The Bureau of the Census had organized the original Death Registration Area in 1900, comprising the New England states, New York, New Jersey, Indiana, Michigan, and the District of Columbia—roughly 40 per cent of the U.S. population. Coverage expanded steadily and full national coverage was achieved only in 1933. The annual *Mortality Statistics* volumes published by the Bureau of the Census from 1900 onward provided, for the first time, a serial federal record of cancer deaths in the United States by age, sex, and state.

Let's remind ourselves, that the "modern" cancer data published by CDC since 1975 shows prevalence of the disease as follows: 1) black men; 2) white men; 3) white women; 4) black women. Cancer rates get progressively higher in younger population as time goes on.

Here is where cancer statistics get rather curious, indeed:

In stark contrast to the late 20th century, in the early 20th century, cancer was predominantly white, upper class and female:

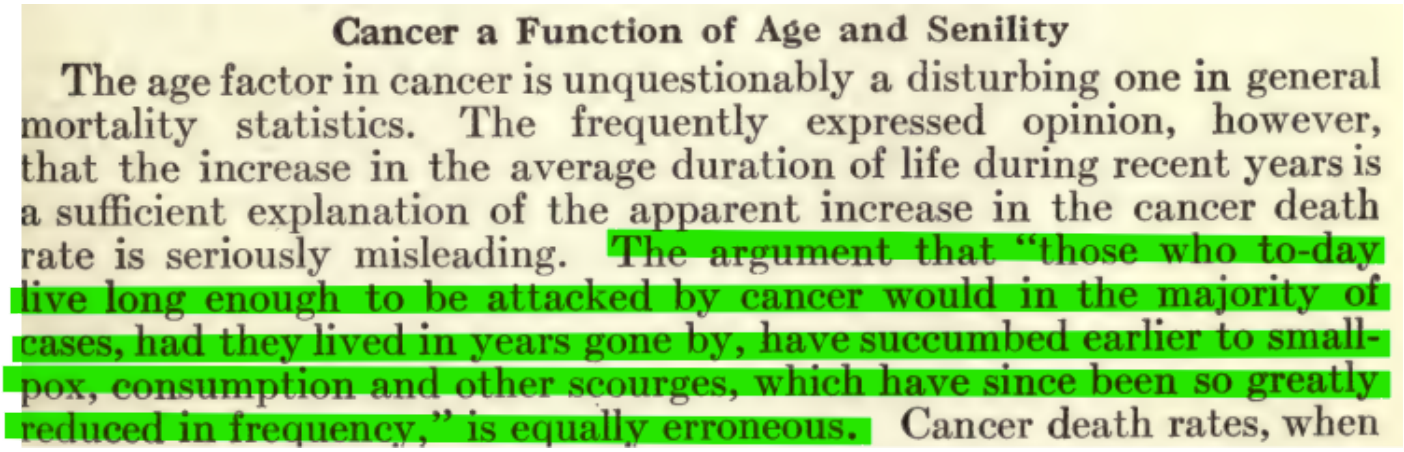


Standardized Cancer Death Rates

The importance of these observations is concisely brought out by the following facts derived from the last annual report (1913) on the mortality of the registration area of the United States. The total number of deaths from cancer was 49,928, and of this number 20,045 were deaths of males and 29,883 were deaths of females. Since the sex proportion of the population in the registration area is almost the same, the relative cancer death rates, according to sex, differed in the proportion of 10 to 16, as determined by a male cancer death rate of 61.3 and a female cancer death rate of 97.6 per 100,000 of population for the year 1913.

Cancer was nearly non-existent in black Americans or in “uncivilized” non-whites elsewhere in the world. How strange for an “ancient scrouge of humanity” to change its demographic preferences so capriciously.

Hoffman found that the “aging population” narrative did not explain the data. He found consistent increase in rates of cancer already very clearly detectable in the decades preceding 1915 … were not explained by the “aging population” narrative:

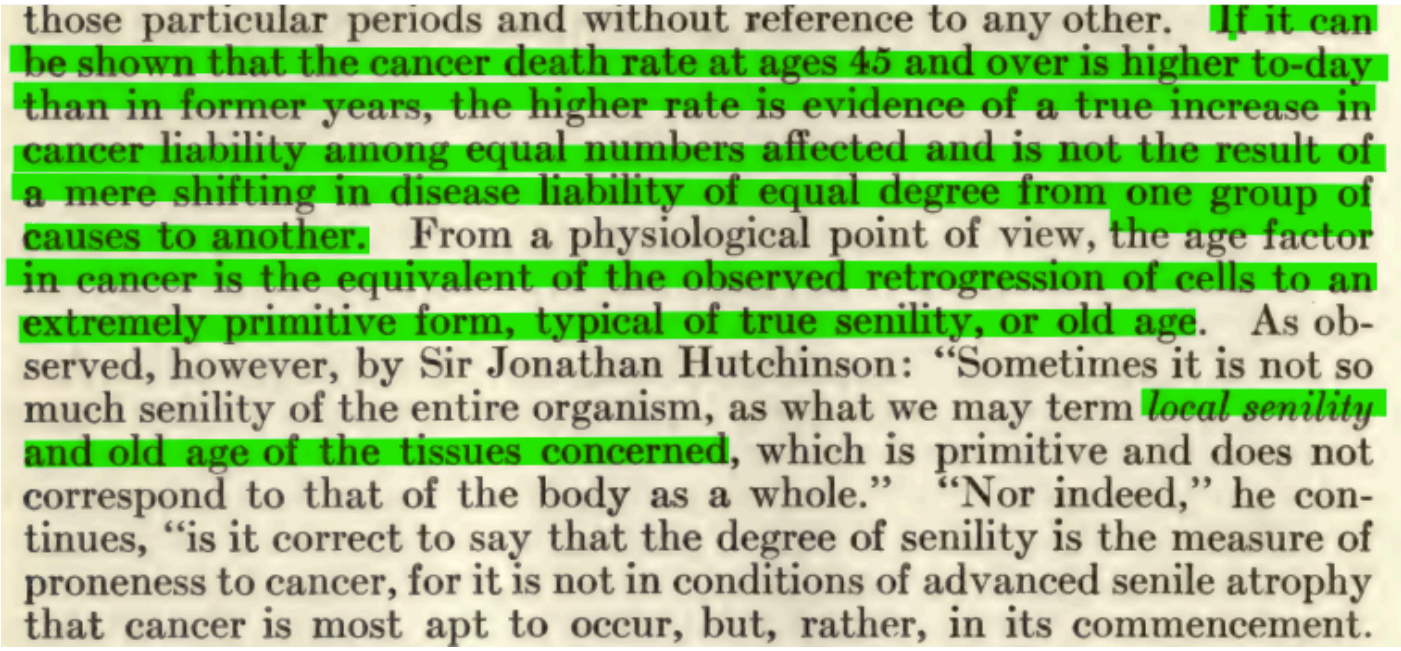


Cancer a Function of Age and Senility

The age factor in cancer is unquestionably a disturbing one in general mortality statistics. The frequently expressed opinion, however, that the increase in the average duration of life during recent years is a sufficient explanation of the apparent increase in the cancer death rate is seriously misleading. The argument that “those who to-day live long enough to be attacked by cancer would in the majority of cases, had they lived in years gone by, have succumbed earlier to small-pox, consumption and other scourges, which have since been so greatly reduced in frequency,” is equally erroneous. Cancer death rates, when

Simultaneously with a clear statement that the increase in cancer rates does not correspond to the aging population, Hoffman’s report suggests the “senility” rather than biological age being the driver of cancer. By “senility” they did not mean the old

age and dementia, but specifically, the premature, ahead-its-time aging of certain cells, i.e. a curious phenomenon of “localized senility”):



those particular periods and without reference to any other. If it can be shown that the cancer death rate at ages 45 and over is higher to-day than in former years, the higher rate is evidence of a true increase in cancer liability among equal numbers affected and is not the result of a mere shifting in disease liability of equal degree from one group of causes to another. From a physiological point of view, the age factor in cancer is the equivalent of the observed retrogression of cells to an extremely primitive form, typical of true senility, or old age. As observed, however, by Sir Jonathan Hutchinson: “Sometimes it is not so much senility of the entire organism, as what we may term *local senility* and old age of the tissues concerned, which is primitive and does not correspond to that of the body as a whole.” “Nor indeed,” he continues, “is it correct to say that the degree of senility is the measure of proneness to cancer, for it is not in conditions of advanced senile atrophy that cancer is most apt to occur, but, rather, in its commencement.

Another favorite deflection used in public health propaganda - “racial disparities and lack of access to care” - was found not to have the explanatory power, either. In fact, the opposite was true - less “civilized” races with practically nonexistent “access to care” demonstrated an almost total absence of cancer:

or given in detail on this ground. As a typical illustration the Island of Ceylon may be referred to, where the population consists of such widely different ethnic types as Europeans, Sinhalese and Tamils.* According to the hospital returns of Ceylon for 1913, out of 88,724 admissions for all causes, only 217, or 0.24 per cent., were on account of malignant growths, and 287, or 0.32 per cent., on account of non-malignant growths. Of the 217 admissions for malignant growths, 45, or 20.7 per cent., terminated fatally, whereas out of 287 admissions for non-malignant growths, 7, or 2.4 per cent., terminated in death. Another illustration is the District of Columbia, where of the total population in 1910, 28.5 per cent. were of African descent. All of the available evidence is to the effect that the recorded cancer death rate of primitive races is materially below the average for civilized countries. The argument frequently advanced that this difference is much more apparent than real is hardly applicable to the conditions under which the available information for native races has been obtained. Qualified European physicians practising for years among the native Egyptians, the primitive races of East and West Africa and the North American Indians are in entire agreement that malignant tumors of every variety are quite rare among the uncivilized or semi-civilized types of mankind. The evidence regarding the infrequency of cancer among native races has been carefully examined and admirably set forth in "The Natural History of Cancer," by W. R. Williams; and equally convincing evidence will subsequently be presented in the statistical portion of this work.

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Hoffman examined all available international health statistics and cited staggering increases in cancer observed throughout the "civilized" Western countries of the

world. After discussing a lot of high quality international data, the author concludes that the increases in cancer rates are “real” and not just apparent, i.e. not due to changes in demographic factors:

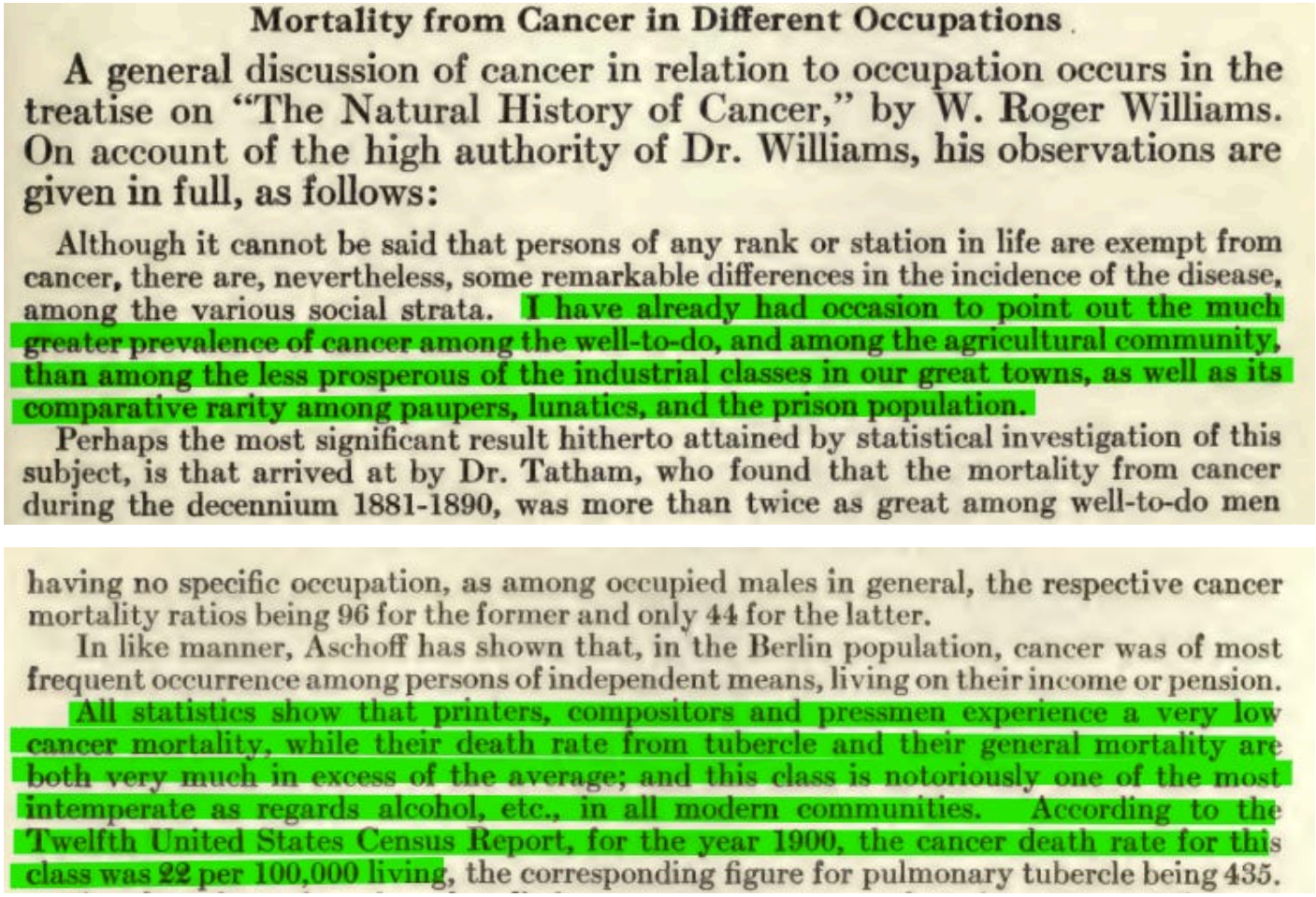
Conclusive Evidence of Cancer Increase

In the foregoing discussion it has been implied that cancer is on the increase practically throughout the civilized world. It is maintained that this increase is not apparent, but real; in other words, not the result of improved diagnosis or more scientific classification or of a changed age distribution. Combining the returns for the United Kingdom, Norway, Holland, Prussia, Baden, Switzerland, Austria, the cities of Denmark, the Commonwealth of Australia and the Dominion of New Zealand, it appears that these countries in 1881 had an aggregate population of 98,380,000 and 44,047 deaths from cancer, equivalent to a rate of 44.8 per 100,000 of population; by 1891 the rate had increased to 59.6, by 1901 to 76.3, and by 1911 to 90.4. Thus, during thirty years the cancer death rate in these countries, which are typical of the civilized portion of the world, has more than doubled, or, to be exact, the rate for 1911 was 101.8 per cent. in excess of the rate prevailing in 1881. In 1912 these countries had a population of 136,892,000 and 125,832 deaths from cancer, equivalent to a rate of 91.9. If the cancer death rate of 1881, previously given as 44.8, had prevailed in 1912, there would have been only 61,323 deaths from cancer instead of nearly 126,000; if the cancer death rate of 1912, previously given as 91.9, had prevailed in 1881, the actual number of

deaths from cancer would have been 90,411 instead of 44,047. Is it a tenable proposition, in view of these facts of observed experience, that the recorded increase in the cancer death rate is only apparent and not real? Is it conceivable that in 1881 in these typical civilized countries of the world 46,364 deaths from cancer were erroneously diagnosed or mistakenly classified under some other terms? No one familiar with the attained status of medical and surgical science in 1881 will be likely to maintain such a preposterous conclusion.

Another illustration is the experience of the State of Massachusetts. In 1871 the recorded cancer death rate was 36.9 per 100,000 of population; by 1881 the rate had increased to 52.3; by 1891 to 60.9; by 1901 to 73.1, and by 1911 to 92.6. In 1871 the population of the State was 1,494,000 and the number of deaths from cancer was 551. If the rate for 1911, previously given as 92.6, had prevailed in 1871, there would have been 1,383 deaths from cancer instead of the 551 actually returned. The State of Massachusetts established the registration of vital statistics in 1842, or five years after the establishment of registration in England and Wales. Boston has for many years been one of the medical centers not only of the United States, but of the world. There are no reasons for believing that medical diagnosis was so crude or imperfectly developed in 1871 that one out of every two deaths from cancer should have been erroneously diagnosed or wrongfully classified under some other disease. Nor is there any evidence to substantiate the point of view that the age distribution of Massachusetts has undergone such profound changes as to account for the higher frequency of cancer at the present time. In 1880 the proportion of population ages 65 and over in Massachusetts was 5.4 per cent.; in 1900 it was 5.1 per cent.; in 1910 it was 5.2 per cent. From a practical point of view in statistical analysis, these changes in the age distribution can have been of only slight effect on the cancer death rate.

Hoffman looked at many other factors that may explain the rise of cancer, such as occupational hazards. Here, too, he found puzzling trends. While some lower class workers (chimney sweeps, pitch and tar mine workers, industrial professions exposed to fuels, chemicals, gasses and heavy metals, gardeners who used soot as pesticide, etc.) had specific risks of certain types of cancers, the incidence of those occupational cancers still paled in comparison to the rates among the white well-to-do classes who were never exposed to the same hazards. Remember, the highest rates were among white affluent women who didn't work outside the home at all! Thus, it could not be concluded that an environmental toxic exposure would explain the constant trend of increasing rates of this disease. The environmental exposures were limited to certain areas and consistently declining during the same time:



Mortality from Cancer in Different Occupations

A general discussion of cancer in relation to occupation occurs in the treatise on "The Natural History of Cancer," by W. Roger Williams. On account of the high authority of Dr. Williams, his observations are given in full, as follows:

Although it cannot be said that persons of any rank or station in life are exempt from cancer, there are, nevertheless, some remarkable differences in the incidence of the disease, among the various social strata. I have already had occasion to point out the much greater prevalence of cancer among the well-to-do, and among the agricultural community, than among the less prosperous of the industrial classes in our great towns, as well as its comparative rarity among paupers, lunatics, and the prison population.

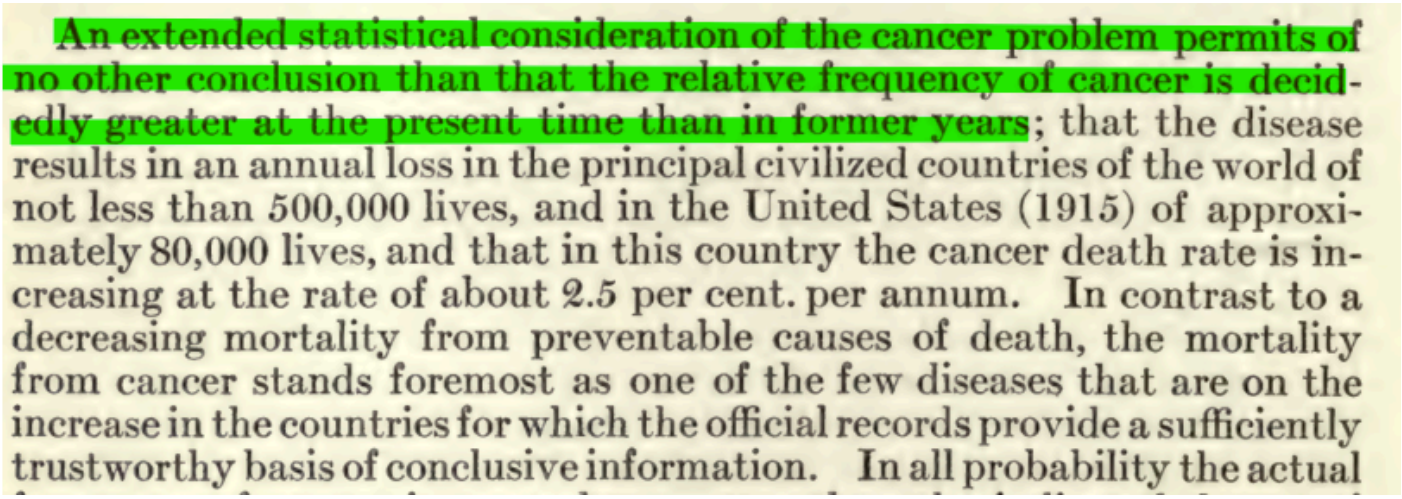
Perhaps the most significant result hitherto attained by statistical investigation of this subject, is that arrived at by Dr. Tatham, who found that the mortality from cancer during the decennium 1881-1890, was more than twice as great among well-to-do men having no specific occupation, as among occupied males in general, the respective cancer mortality ratios being 96 for the former and only 44 for the latter.

In like manner, Aschoff has shown that, in the Berlin population, cancer was of most frequent occurrence among persons of independent means, living on their income or pension.

All statistics show that printers, compositors and pressmen experience a very low cancer mortality, while their death rate from tubercle and their general mortality are both very much in excess of the average; and this class is notoriously one of the most intemperate as regards alcohol, etc., in all modern communities. According to the Twelfth United States Census Report, for the year 1900, the cancer death rate for this class was 22 per 100,000 living, the corresponding figure for pulmonary tubercle being 435.

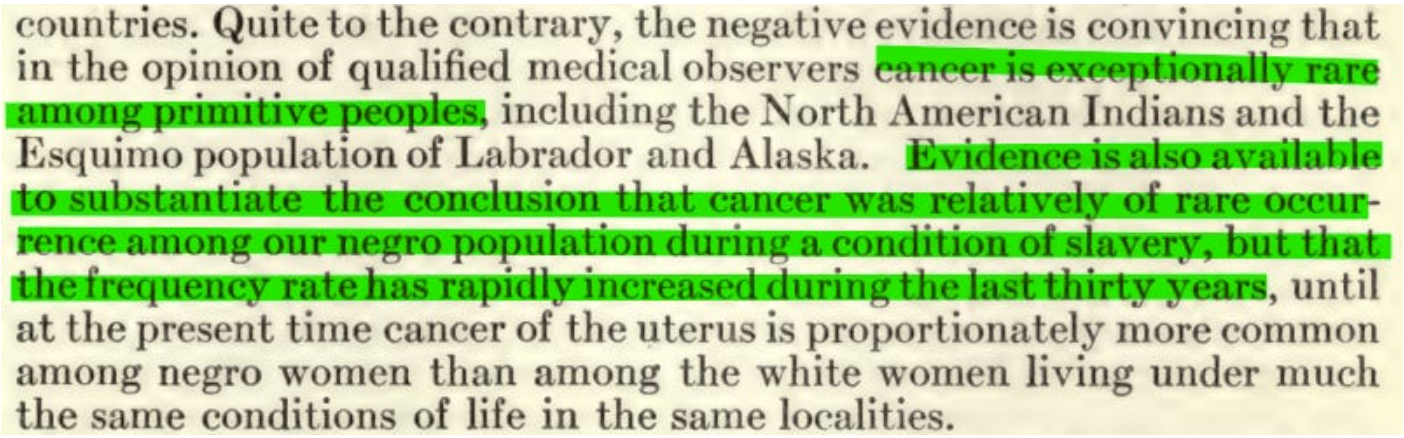
In other words, working in the dirtiest industries, with daily exposure to lead, arsenic, mercury, petroleum products, toxic gases, while smoking and drinking to excess would only put you at a 22/100K rate of cancer in early 1900s. For comparison, in 2023 U.S., 15-39 yo men (the vast majority of whom have never been exposed to the above occupational hazards) experience a 64/100K rate of cancer, i.e., somehow a 200% increase of cancer in this age/sex group has materialized over the past 100 years while the toxic exposures largely disappeared. If anyone needs a solid proof that cancer is not driven by the "toxic sludge we currently live in" (tell this to the chimney sweeps!) - look no further than the data above.

All data universally pointed to the sheer increase in the rates of cancer, and inability to adjust that increase away by any demographic, socioeconomic or other typically used actuarial factors. For the sake of brevity, I am not going to summarize all the fine points of the data discussed in the 800+ pages of the Hoffman report. After an excruciatingly thorough review of everything he could review (except vaccines!!!), the author concluded that:



An extended statistical consideration of the cancer problem permits of no other conclusion than that the relative frequency of cancer is decidedly greater at the present time than in former years; that the disease results in an annual loss in the principal civilized countries of the world of not less than 500,000 lives, and in the United States (1915) of approximately 80,000 lives, and that in this country the cancer death rate is increasing at the rate of about 2.5 per cent. per annum. In contrast to a decreasing mortality from preventable causes of death, the mortality from cancer stands foremost as one of the few diseases that are on the increase in the countries for which the official records provide a sufficiently trustworthy basis of conclusive information. In all probability the actual

...while being exceptionally rare among the “primitive peoples”. Even more interestingly, the abolition of slavery, somehow, for a very unknown reason (!), gave the freed African American population cancer that they didn’t have before:



countries. Quite to the contrary, the negative evidence is convincing that in the opinion of qualified medical observers cancer is exceptionally rare among primitive peoples, including the North American Indians and the Esquimo population of Labrador and Alaska. Evidence is also available to substantiate the conclusion that cancer was relatively of rare occurrence among our negro population during a condition of slavery, but that the frequency rate has rapidly increased during the last thirty years, until at the present time cancer of the uterus is proportionately more common among negro women than among the white women living under much the same conditions of life in the same localities.

This definitively proves that it is not genetics, racial differences, or diets that are causing cancer.

The Hoffman Report is an exhaustive, incredibly detailed and thorough statistical dataset, from many countries of the world. With all its exactness, the report does not mention the word “vaccine” even once... This is a very glaring (possibly intentional) omission, since, by late 19th century, many doctors recognized that cancer is caused by vaccines:

CANCER WAS PRACTICALLY UNKNOWN UNTIL THE COWPOX VACCINATION BEGAN TO BE INTRODUCED... I HAVE SEEN 200 CASES OF CANCER, AND NEVER SAW A CASE IN AN UNVACCINATED PERSON.
W.B. CLARK, NEW YORK TIMES 1909
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My guess on why the Hoffman report never looked at vaccinations as a possible cause of cancer - the insurance industry (together with the medical establishment) saw cancer as a business opportunity. If you are wondering why a life insurer like Prudential would see greater disease/death burden as an opportunity - they saw the potential to increased policy sales and increased premiums in the relatively affluent population if it could be propagandized to fear the unpredictable, baffling, “menacing” scrouge that could strike the people “out of the blue”, even in the prime of their life. Fear of the unknown sells insurance policies.

On May 9, 1913, Hoffman delivered an address before the American Gynecological Society in Norfolk, Virginia, titled “The Menace of Cancer.” The lecture brought together leading clinicians—among them Clement Cleveland, the gynecologist James Douglas, and the pathologist James Ewing—and at its close they agreed to organize the American Society for the Control of Cancer (ASCC), the body that became, in 1944, the American Cancer Society. Hoffman’s Norfolk address is considered the founding document of the American Society for the Control of Cancer.

Hoffman's work entered an international debate. In Britain, the surgeon Charles P. Childe published *The Control of a Scourge: Or, How Cancer is Curable* in 1906, arguing that the apparent rise in cancer mortality reflected genuinely increasing incidence rather than merely improved diagnosis, and pressing for early surgical intervention as the principal public-health response. The American biologist Raymond Pearl, in *The Biology of Death* (1922) argued, against Hoffman, that age-specific cancer rates were considerably more stable than the crude rates suggested and that the apparent increase was substantially an artifact of an aging population and improved diagnosis. This line became a standard denial tactic to this day, despite undeniable evidence of skyrocketing rates of cancer having grown from <15 per 100K population in early 1800s to approximately 500/100K today, i.e. ~2000% increase in the rate!

Bibliography of Public-Health and Statistical Literature

Hoffman, Frederick L. *The Mortality from Cancer Throughout the World*. Newark, NJ: Prudential Press, 1915. archive.org/details/mortalityfromcan00hoffuoft.

Hoffman, Frederick L. "The Menace of Cancer." *Transactions of the American Gynecological Society* 38 (1913): 397–452.

Pearl, Raymond. *The Biology of Death*. Philadelphia: J. B. Lippincott, 1922.

Childe, Charles P. *The Control of a Scourge: Or, How Cancer is Curable*. London: Methuen, 1906.

U.S. Bureau of the Census. *Mortality Statistics*, annual volumes, 1900–1933. Washington: Government Printing Office.

League of Nations Health Organisation. *Report on Cancer Mortality*. Geneva: League of Nations, 1927.

Imperial Cancer Research Fund. *Scientific Reports*, ed. E. F. Bashford et al. 6 vols. London: Taylor & Francis, 1904–1924. Wellcome Library: wellcomecollection.org.

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Original Article: https://needtoknow.news/2026/07/sasha-latypova-and-dr-andy-kaufman-questioning-the-cause-of-cancer-what-youre-not-being-told/

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